



**RECIPIENT**

The sender has requested notification upon delivery.  
Immediately upon receipt, please telephone:

Name: \_\_\_\_\_  
Tel. No.: ( ) \_\_\_\_\_

**FIRMLY**

**PLEASE PRESS FIRMLY**

**ESS**

**RVICE®**  
**WWW.U**

Please Rush To Addressee



U.S. POSTAL SERVICE

MAIL CENTER

SEP 28 2007

EXPRESS MAIL LABEL DATE IN

ORIGIN (POSTAL SERVICE USE ONLY)	
PO ZIP Code	
Day of Delivery	
<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day
Postage \$	
Scheduled Date of Delivery	
<input type="checkbox"/> Month	<input type="checkbox"/> Day
Return Receipt Fee	
\$	
Subsidiary Time of Delivery	
<input type="checkbox"/> 12 noon	<input type="checkbox"/> 3 PM
COD Fee \$	
Insurance Fee \$	
Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/> P.M.	
<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> \$	
Int'l Alpha Country Code	
Acceptance Expr. Initials	

UNITED STATES POSTAL SERVICE®	
DELIVERY (POSTAL USE ONLY)	
Delivery Attempt	Time
<input type="checkbox"/> AM	<input type="checkbox"/> PM
Employee Signature	
Mo. Day	Time
<input type="checkbox"/> AM	<input type="checkbox"/> PM
Delivery Attempt	Employee Signature
Mo. Day	Time
<input type="checkbox"/> AM	<input type="checkbox"/> PM
Delivery Date	Time
<input type="checkbox"/> AM	<input type="checkbox"/> PM
Mo. Day	Employee Signature
<input type="checkbox"/> AM	<input type="checkbox"/> PM
WAIVER OF SIGNATURE: I consent that my signature on this document may be used without my physical presence if the addressee or addressee's agent signs and initials below. I understand that my signature will be retained by the carrier and that my signature will be used to verify my signature on other documents sent by me to the same address.	
I agree to the above terms.	



**MAIL**

**UNITED STATES POSTAL SERVICE®**

**Post Office To Addressee**

**Addressee Copy**

Label 11-F, April 2004

